

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214533894			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: National Association of State Mental HealthProgram Directors Research Institute, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2014</p> <p>SCC ID NO: 05996491</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3141 FAIRVIEW PARK DRIVE STE 650</p> <p style="text-align: center;">CITY/ST/ZIP: FALLS CHURCH, VA 22042-4539</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LORNI RICKMAN-JONES PHD TITLE: PRESIDENT ADDRESS: 160 N LASALLE ST CITY/ST/ZIP/CO: 10TH FLOOR S-100 CHICAGO, IL 60601 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LORNI RICKMAN-JONES PHD TITLE: PRESIDENT ADDRESS: 160 N LASALLE ST CITY/ST/ZIP/CO: 10TH FLOOR S-100 CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JANE BEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DEPARTMENT SOCIAL AND HEALTH SERVICES P.O. BOX 45050 LACEY, WA 98503		
CITY/ST/ZIP/CO:			
NAME:	KEVIN ANNE HUCKSHORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1901 NORTH DUPONT HIGHWAY MAIN ADMINISTRATION BLDG., ROOM 187 NEW CASTLE, DE 19720		
CITY/ST/ZIP/CO:			
NAME:	MICHAEL LARDIERE MSW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75-59 263rd St. Glen Oaks, NY 11004		
CITY/ST/ZIP/CO:			
NAME:	RON MANDERSCHIED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	25 MASSACHUSETTS AVE. NW, SUITE 500 WASHINGTON, DC 20001		
CITY/ST/ZIP/CO:			
NAME:	MATT SALO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	444 NORTH CAPITOL STREET, SUITE 309 WASHINGTON, DC 20001		
CITY/ST/ZIP/CO:			
NAME:	JAMES W STEWART, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1220 BANK STREET P.O. BOX 1797 RICHMOND, VA 23218-1797		
CITY/ST/ZIP/CO:			
NAME:	LYNDA ZELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 SOUTH WALNUT STREET LANSING, MI 48913		
CITY/ST/ZIP/CO:			
NAME:	Lisa Clements	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3824 W. Princeton Circle Denver, CO 80236		
CITY/ST/ZIP/CO:			
NAME:	Tracy Plouck	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	30 East Broad Street 8th floor Columbus, OH 43215		
CITY/ST/ZIP/CO:			
NAME:	Doug Varney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Andrew Jackson Building 500 Deaderick St., 6th Floor Nashville, TN 37243		
CITY/ST/ZIP/CO:			

NAME:	Tim Knettler, Executive Director	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3141 Fairview Park Dr.		
	Suite 650		
CITY/ST/ZIP/CO:	Falls Church, VA 22042		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Tim Knettler, Executive Director	Tim Knettler, Executive Director,	6/30/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			